



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Weavers Hall
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0005653
Fieldwork ID:	MON-0035919

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Weavers hall is a residential community home that meets the needs of four adult residents with intellectual disabilities. It is a spacious bungalow with four individual bedrooms, a large sitting room, and a kitchen/dining room. The service is situated in a rural setting within close proximity to a village. Residents are supported on a twenty-four-hour basis by a staff team consisting of the person in charge, house manager, staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 September 2022	09:30hrs to 14:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and carried out to monitor and inspect the provider's arrangements concerning infection prevention and control (IPC). Overall the inspection found appropriate IPC measures were in place. However, some improvements were required with the premises and surface damage to furniture. There was also a need to make enhancements in areas such as, record keeping, to ensure that all information regarding residents' needs was readily available for review.

The inspector was introduced to all four of the residents. The residents were observed to be comfortable in their home and supported by staff members who knew their needs and non-verbal communication cues. While the inspector did not interact with the residents, they did observe positive interactions between the residents and the staff team supporting them.

This service was previously inspected in September 2021. There were a number of areas that required improvement. In particular, the inspection found that the residents were not being supported to engage in regular activities away from their home. This inspection found that the quality of care and service provided to the residents had improved. Residents were supported to be active in their communities regularly. Residents went out for food and coffee and were supported to hold breakfast mornings at home. Residents were observed to engage in activities throughout the day with staff support; one of the residents went out for a coffee during the inspection.

The inspector reviewed records and found that the residents had been provided information regarding IPC measures via weekly meetings. The inspector found that there were isolation plans for each resident should they contract a healthcare-related infection and there were risk assessments in place pertaining to IPC, specifically the COVID-19 virus. However, the sample of the resident information reviewed did not contain the resident's COVID-19 care plans. There was, therefore, no evidence of updates made regarding how the residents' health had been following a recent outbreak of the COVID-19 virus in the centre.

The house manager gave the inspector a tour of the premises. It was found that while the premises were clean, there were aspects of the house that required repair and decoration. The impact of this will be discussed in more detail in the quality and safety section of the report.

The findings of this inspection will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

Capacity and capability

Overall, this inspection found appropriate IPC practices in place. However, there were improvements required to management and oversight practices to ensure that records were appropriately maintained and available for review. The issues with record keeping related to residents' information, audits and staff training records.

A review of the current roster demonstrated that safe staffing levels were being maintained daily with sufficient numbers to ensure that assigned IPC tasks were being completed. Before the inspection, the services management team identified a need to review the current skill mix of the staff team. While the staff team was meeting the needs of the residents, management and the provider had identified that there were adaptations required. A plan had been agreed to increase staff nurse numbers amongst the team. The house manager explained that gaps in record keeping would be addressed by such an appointment.

An appraisal of the staff training records was completed. According to this document, there were gaps in training for some staff members. However, the person in charge showed the inspector training certificates to demonstrate staff had completed training and the discrepancy was in relation to updating documentation.

Weekly audits were completed by staff team members regarding IPC practices and control measures. The inspector reviewed a sample of these. There were discrepancies in aspects of recording. The provider had identified a need to repair or replace damaged surfaces in the kitchen area and residents' furniture. This, however, was not always recorded in the weekly audits. The inspector was, however, informed that funding requests had been submitted for the issues to be addressed.

The review of available information demonstrated that there was a clear management structure led by the person in charge. The person in charge was responsible for the overall management of IPC measures within the centre. There were also clear lines of authority regarding the provider's on-call management process; arrangements were in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents per the regulations. A six-monthly audit was conducted on 07 June 2022. Some aspects of the review focused on IPC practices in the service. Further documents demonstrated that the provider had developed a range of policies and procedures concerning IPC practices. Those reviewed were detailed and contained relevant information. The inspector does note that the provider's standard operating procedure for managing laundry was not available for review during the inspection. However, a staff member, when asked, gave a detailed response regarding the effective management of residents' laundry.

A COVID-19 lead was identified each day. This staff member ensured that IPC practices and risk control measures were completed and adhered to. There was evidence to demonstrate that the specified tasks were completed each day.

A contingency plan had been developed called the COVID-19 response plan. This plan was under regular review and straightforwardly presented information. The information was appropriate to prepare staff for the management of a potential outbreak. The staff team had access to up-to-date information regarding IPC measures and responses to the pandemic. IPC was discussed at team meetings. The discussions were detailed and focused on information sharing.

The inspector found that a review of a recent COVID-19 outbreak had been completed. The review sought to identify what had worked well and what areas required improvement. During the outbreak, there had been an increase in on-site management, and this was identified as being effective.

The inspector discussed IPC measures with a staff member. They demonstrated a strong understanding of IPC practices and control measures. They discussed the correct paths to follow in case of queried or confirmed healthcare-related infections.

Overall, the inspector found systems that ensured infection prevention and control practices were appropriate but that there were enhancements required to bring the service into full compliance.

Quality and safety

As discussed above, some repair or replacement works were required in the residents' home. The residents' kitchen was identified as an IPC risk in the 2021 inspection. The inspector notes that the kitchen had been decorated and kitchen presses painted. However, the inspector found that the surfaces of the presses were again damaged due to wear and tear and, as a result, posed an IPC risk. The services management team had identified this as requiring improvement. Still, steps had yet to be taken to address the issues. The surface of the flooring in the kitchen had also been damaged, and requests had been made for this to be addressed. The damage to surfaces impacted the staff team's ability to clean the areas effectively.

When meeting one of the resident's, the inspector observed that there was damage to the surface of their chair. This again posed an IPC risk. The house manager informed the inspector that another chair had been obtained which was deemed inappropriate for the resident following a trial. The provider's Occupational Therapist was in the process of sourcing another chair.

The inspector reviewed a sample of residents' information and found, as mentioned earlier, that residents' COVID-19 care plans were not available for review. This was despite an outbreak occurring in the service over the summer months. There were,

therefore, improvements required to ensure that all relevant information was easily accessible.

A review of residents' records demonstrated that they had been supported to access a range of allied healthcare professionals. One resident in recent weeks was admitted to the hospital. There were records of the discharge and guidance on how to support the resident on their return to their home. There was also evidence that a detailed handover was given to the emergency department regarding the resident and their needs.

The inspector observed the staff team follow standard precautions throughout the inspection. As mentioned earlier, the COVID-19 lead was responsible for ensuring that the duties were completed each day. The review of cleaning schedules and completed task records demonstrated that IPC practices were part of the daily routine in the centre.

The care to residents was provided in a clean environment that minimised transferring healthcare-associated infections. There were arrangements in place for cleaning and disinfecting the premises. The staff team had access to detailed information regarding decontamination and cleaning practices. Equipment such as hoists were cleaned after each use, and there was documentation to demonstrate that the equipment was being serviced at regular intervals.

There were systems to test and record signs and symptoms of infection for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control of the spread of possible infections. Staff had access to appropriate personal protective equipment (PPE) and there were also adequate supplies of PPE.

While some improvements were required, the inspection found that IPC practices were overall appropriate.

Regulation 27: Protection against infection

The provider had adopted some procedures aligned with public health guidance regarding infection prevention and control. They had developed policies and procedures and were carrying out weekly reviews. As noted earlier, some improvements were required to ensure that audits were appropriately completed. Furthermore, necessary enhancements were needed to ensure that resident information was adequately maintained and available for review. There were also issues with how staff training records were being kept.

The inspector found that damage to surfaces, including a resident's chair, kitchen presses and flooring impacted the provider's ability to employ effective infection prevention and control practices. The surface damage meant that these areas could not be effectively cleaned.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Weavers Hall OSV-0005653

Inspection ID: MON-0035919

Date of inspection: 06/09/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none">• Covid 19 plan of care developed for each resident with detail of residents health following Covid 19 infection- completed 12/09/22• The PIC will ensure that the record system available within the Designated Centre gives an accurate account on current training.30.10.22• Weekly IPC Audits will be completed by staff and all outstanding actions will remain as actions on IPC Audit until completed- Email sent to all staff 08.09.22 and discussed at team meeting on 21.09.22• Standard operating procedure for managing Laundry is located in Local Policies folder, Practice Development facilitator has renamed document for easier detection in folder. Completed 21.09.22• Funding has been applied for remedial works on kitchen and flooring ,works will be completed by 31.03.23• Residents chair damaged – replacement chair delivered 28.09.22	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023